

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	DND	DEP	DND	DEP	DND	DEP		DND	DEP	DND	DEP	DND	DEP
1							51						
2							52						
3							53						
4							54						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.								TOTAL IND.					
TOTAL DEP.								TOTAL DEP.					
TOTAL CLAIMS								TOTAL CLAIMS					